

**Government of the District of Columbia  
Department of Insurance, Securities and Banking**



**Lawrence H. Mirel**  
Commissioner

**Risk Finance Bureau**

<b>FOR OFFICIAL USE ONLY</b>

**FORM DCCAP-1 – APPLICATION FOR CERTIFICATION  
AS A CERTIFIED CAPITAL COMPANY**

Check One:      ☐ INITIAL APPLICATION                      ☐ AMENDMENT

*Applications for certification shall be mailed or delivered to:* Department of Insurance, Securities and Banking, Risk Finance Bureau, 1400 L Street, NW, Suite 400, Washington, DC 20005, to the attention of Mr. William P. White, Director.

<b>This certification page must be completed by an individual authorized by the Applicant with original signatures and mailed or delivered to the address above.</b>
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**CERTIFICATION**

Under penalties of perjury, I declare that I have read the attached application and exhibits and declare that the facts stated therein are true.

I understand that the submission of a false statement or concealment of any essential or material fact from any person during the application process shall be grounds for denial of the application or revocation of any certification granted by the Department.

*I further understand and agree that the Premium Tax Allocation Requests shall be filed on November 8, 2004. Premium Tax Credit Allocation Requests filed prior to the date referenced in the preceding sentence shall be deemed to have been received by the Commissioner on the aforementioned date. I further understand and agree that the Premium Tax Credits shall be allocated to all Certified Capital*

*Investors, on a pro-rata basis pursuant to the Act, who file a Premium Tax Allocation Request on or before November 8, 2004.*

The undersigned has full authority to complete this application on behalf of the applicant.

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Name: \_\_\_\_\_

(Type or print)

Title: \_\_\_\_\_

(Type or print)

*Note: A nonrefundable application fee of \$15,000 shall accompany each Initial Application for certification. This nonrefundable application fee shall be paid by certified check, money order, or cashier's check made payable to: District of Columbia Treasurer.*

Method of Payment: ☐ Certified Check ☐ Money Order ☐ Cashier's Check

Applicant Name: \_\_\_\_\_ FEID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

1. Exact name, principal business address, mailing address, if different, and telephone number of applicant:

A. Full name of applicant: \_\_\_\_\_

B. IRS Empl. Ident. No.: \_\_\_\_\_

C. Name(s) under which business is primarily conducted, if different from Item A above:  
\_\_\_\_\_

D. If this filing makes a name change on behalf of the applicant, enter the previous name and specify whether the name change is of the applicant name (1A) or business name (1C):  
\_\_\_\_\_ ☐ (1A) ☐ (1C)

E. Firm's principal business address (Do not use a P. O. Box):  
\_\_\_\_\_  
(Number and Street) (City) (State/Country) (Zip+4 Postal Code)

F. Mailing address, if different than the firm's principal address: \_\_\_\_\_

G. Business Telephone Number: \_\_\_\_\_  
(Area Code) (Telephone Number)

H. Applicant's E-Mail Address: \_\_\_\_\_

I. Name, title, address, telephone number, and E-Mail address of the correspondent to who notices and communications regarding this application should be sent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Website address of Applicant, if applicable: \_\_\_\_\_

**Schedule A -- Must be completed as part of all initial or amended applications for question No. 2.**

2. Indicate date and place applicant obtained its legal status (i.e., place of incorporation, where partnership agreement was filed, or where applicant entity was formed) and complete the attached Schedule A:

Date of Formation: \_\_\_\_\_ Place of Formation \_\_\_\_\_  
(MM/DD/YY)

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company

☐ Other (specify) \_\_\_\_\_

Applicant's Fiscal Year Ends: \_\_\_\_\_

(MM/DD)

(Use **Schedule B** if additional space is required).

3. Provide the name, title, and social security number (SNN) of at least two (2) principals, or two (2) employees, having a minimum of three (3) years of experience in the venture capital industry. (**Schedule C** must be completed for each person identified):

a. Name and title: \_\_\_\_\_ SSN: \_\_\_\_\_

b. Name and title: \_\_\_\_\_ SSN: \_\_\_\_\_

4. Provide the name, title, and social security number (SNN) of the manager(s) or principal(s) of the applicant who has the experience outlined in paragraph (3), and who will be primarily located in an office of the applicant, which is based in the District of Columbia. (**Schedule C** must be completed for each person identified, and **Schedule E** for each office located in the District of Columbia, if any):

a. Name and title: \_\_\_\_\_ SSN: \_\_\_\_\_

District of Columbia office address: \_\_\_\_\_

(Number And Street, do not use a P.O. Box)

(City) (State) (Zip+4)

5. Applicant's Certified Public Accountant:

Name: \_\_\_\_\_

Name of primary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

<b>Schedule A</b> <b>(Form DCCAP-1)</b>	Applicant Name: _____ Date: _____																																																												
<b>DIRECT OWNERS AND EXECUTIVE OFFICERS</b>																																																													
1. Use Schedule A for new or amended applications to provide information on the direct owners and executive officers of the applicant.																																																													
2. List below the names of: (a) Each Principal, Manager, Officer, Director, and individual with equivalent executive functions; (b) In the case of an applicant that is a corporation, each shareholder that directly owns 15% or more of a class of a voting security of the applicant. (Direct owners include any person that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 15% or more of a class of a voting security of the applicant. For purposes of this Schedule, a person beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security); (c) In the case of an applicant that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed 10% or more of the partnership's capital; and (d) Each manager of a limited liability company and individuals with equivalent executive functions.																																																													
3. In the "Type of Amd." Column, indicate "A" for an addition, "D" for a deletion, or "C" for a change in information about the same person.																																																													
4. Complete the "Title or Status" column by entering board/management member's title; status as partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).																																																													
5. Ownership Codes are:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NA - Less than 5%</td> <td style="width: 25%;">B - 15% but less than 25%</td> <td style="width: 25%;">D-50% but less than 75%</td> </tr> <tr> <td>A - 5% but less than 15%</td> <td>C - 25% but less than 50%</td> <td>E - 75% or more</td> </tr> </table>	NA - Less than 5%	B - 15% but less than 25%	D-50% but less than 75%	A - 5% but less than 15%	C - 25% but less than 50%	E - 75% or more																																																						
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6. Each person named in **Schedule A** must complete **Schedule C**.

<b>Schedule B</b> of Form DCCAP-1		Applicant Name: _____ Date: _____
<ul style="list-style-type: none"> <li>• Use Schedule B to report information when additional space is required to answer questions.</li> <li>• File with a completed Applicant Certification Page.</li> <li>• Use Schedule B only to report new information or changes/updates to previously submitted details. Do not repeat previously submitted information.</li> <li>• Provide complete and concise information.</li> </ul>		
QUESTION NO.	ANSWER	
<div> <div>_____</div> <div>MONTH DAY YEAR</div> </div> <div> <div>_____</div> <div>SIGNATURE OF APPLICANT</div> </div>		

**ATTACHMENT SHEET**



<b>Schedule D</b> of Form Dccap-1	Applicant Name: _____ Date: _____
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The applicant and each director and principal must complete this form.

NAME: \_\_\_\_\_ Social Security No. \_\_\_\_\_

*Note: Please provide a written explanation for yes answers. Additionally, certified copies of documents must be provided for yes answers.*

Has the applicant or any director or principal been:

1. Convicted of, or entered a plea of guilty or nolo contendere to, a crime against the laws of the District or any state or of the United States or any other country or government, including a fraudulent act in connection with the operation of a certified capital company, or in connection with the performance of fiduciary duties in another capacity? \_\_\_\_\_ YES \_\_\_\_\_ NO

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2. Adjudicated liable in a civil action on grounds of fraud, embezzlement, misrepresentation, or deceit; or \_\_\_\_\_ YES \_\_\_\_\_ NO

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3. The subject of any decision, finding, injunction, suspension, prohibition, revocation, denial, judgment, by an administrative law judge, or any state, federal, or municipal agency, national securities, commodities, or option exchange, or national securities, commodities, or option association, involving a material violation of any federal or state securities or commodities law or any rule or regulation adopted under such law, or any rule or regulation of any national securities, commodities, or options exchange or national securities, commodities, or options association; or \_\_\_\_\_ YES \_\_\_\_\_ NO

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4. The subject of any injunction or adverse administrative order by a state, federal, or municipal agency regulating banking, insurance, finance or small loan companies, real estate, mortgage brokers, or other related or similar industries. \_\_\_\_ YES \_\_\_\_ NO

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
Date

This document was executed and signed in the presence of the following witnesses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_, and: \_\_\_\_\_ who is personally known to me, or

\_\_\_\_\_ who produced the following identification:

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

**Schedule E** of Form DCCAP-1

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Use Schedule E for new or amended applications to provide information for each office located in the District of Columbia.

<p>1. You must check one box: <input type="checkbox"/> Add   <input type="checkbox"/> Delete   <input type="checkbox"/> Amendment</p> <p>2. _____ Street</p> <p>3. _____ Suite, Floor</p> <p>4. _____ City, State, Zip+4</p>	<p>Complete Item 5 - 8 only if you are changing the address for this office.</p> <p>5. _____ Street</p> <p>6. _____ Suite, Floor</p> <p>7. _____ City, State, Zip+4   8. Effective Date (MM/DD/YY)</p>
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**EXHIBITS**

The following required exhibits for items 1 - 10 should be submitted with the Application for Certification as a Certified Capital Company.

1. An organizational chart listing all affiliated entities and/or interests of the Applicant, including all members of consolidated entities.
2. An audited balance sheet, with an unqualified opinion from an independent certified public accountant, as of a date not more than thirty-five (35) days prior to the date that the Application for Certification is filed with the Commissioner. The opinion shall also certify that the Applicant has an equity capitalization of not less than five hundred thousand dollars (\$500,000) in the form of unencumbered cash, marketable securities, or other liquid assets, and include a Letter of Qualifications of the certified public accountant providing the opinion.
3. An explanation of the applicant's proposed method of doing business, including a formal business plan for the first three (3) years of operations. Such plan should include, at a minimum the following information:
  - a) Mission Statement stating that the applicant's primary business is to invest certified capital in new or expanding businesses in the District of Columbia which will in turn contribute to employment growth, create jobs and expand or diversify the economic base in the District of Columbia;
  - b) Long and short range plans and objectives that have been formally adopted;
  - c) Description or copies of any written business policies which have been established governing accounting procedures, loan and investment applications and the approval process, and the dividend policy;
  - d) Pro forma financial statements for five (5) years, and a full description of, any management corporation, if any, which will handle any of the applicant's management functions; and
  - e) The Applicant's overall investment strategy
4. Organizational documents, bylaws, and amendments or restatements of such documents, bylaws or amendments, and, if any, a description of the Applicant's business history.
5. A copy of any offering materials involving the sale of securities of the applicant or the proposed certified capital company.
6. A list, if any, of any fines, penalties, or other sanctions or actions by any state, federal, or local regulatory entity relating to violations of any type;

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7. Evidence from the District of Columbia Department of Consumer and Regulatory Affairs (DCRA) that the Applicant is a registered entity with the DCRA as required by law, maintains an active status with the DCRA and has not been dissolved or had its registration revoked, canceled or withdrawn.
  8. An affidavit from the Applicant affirming that the applicant, if certified under the Act, will maintain an equity capitalization of at least five hundred thousand dollars (\$500,000), except for reductions due to qualified distributions, until the allocation date;
  9. An affidavit from the applicant affirming that the applicant, within sixty (60) days of receiving certification, will maintain its principal office within the District and will maintain a set of its books, records, files, and any other information required by the Commissioner as a condition of certification or as required by this chapter;
  10. An affidavit from the applicant affirming that at least two (2) of the principals of the applicant or persons employed or engaged to manage the funds of the applicant have:
    - (a) At least three (3) years of experience in the venture capital business, which may include investments made in connection with a state or federally sponsored venture capital program; and
    - (b) Not violated any federal or state insurance, securities or banking law or been convicted of any crime involving fraud;
  11. A detailed description, and supporting documentation, that demonstrates how each of the persons providing affidavits pursuant to § 5602.1(g) of the District's CAPCO regulations qualify as having at least three (3) years of experience in the venture capital business, which shall include, but not be limited to:
    - (a) A detailed resume with a listing of references including reference telephone numbers; and
    - (b) A listing of all applicable licenses that each individual holds (or has held within the last ten (10) years). Such listing shall indicate whether the license is active and in good standing, the date on which it will expire or did expire, whether any license has been revoked, the date of revocation and an explanation surrounding the revocation, whether any disciplinary action has ever been imposed with regard to the license, the date of the disciplinary action and a description surrounding the disciplinary action;